U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2085

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	T/ 15 / 2004 Through: 12 / 31 / 12004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DONALD W MOOSE S.R.	Name CEMENT MASONS UNION LOCAL NO 502
	Labor Organization File Number 012-535
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 258 GOAR TRAIL DR	Street 723 2Sth. Ave
City <u>RURURA</u>	City (Carlos Carlos Car
State ZIP Code + 4 4050.6	State ZIP Code + 4 โดยเดน-เคลน์
5. Position in labor organization. Statestylea Treas	MER
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests islans set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
Monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent.
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monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Date

Signed Nonaldh. Mar S.

Telephone Number

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Name of Person Filing DONAUD W. MOSS	SR	File Number U-
B. Held an interest in or derived income or economic benefit with monetan substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the busines actively seeking to represent, or	s
8. Name and address of Business (including trade name, if any).  Name CEMMENT MASONS LOCAL 502 PERILIDIA FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 730 5 2510 Ang.  City Bruncos  State 16 2004 1994	9. Business deals with:	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name CENTER MARKETING UNITED TOTAL TOTA	Krisa Required s	of such dealing.
	12.b. Amount.	1927/60
Received from any employer (other than an employer covered unde from any labor relations consultant to an employer any payment of money	r parts A and B above)	
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
ade Name, if any:  O. Box, Bldg., Room No., if any eet		
te ZIP Code + 4		

14.b. Amount of payment.

or Consultant

Name	of Person	Filing
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DONALD LO, MOSS SR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or ndirectly to, or otherwise	
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Name & ROGLD AND KADJAN	rod	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
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City CALICAGO		
State ZIP Code +4 (a)(a)(-3958)		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name CONSERTEDISSINES UNION LOCKY (DO DD)	UNION APPRENSA	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 334/5 254/L AVE	11.b. Approximate dollar value of such dealing.	15664.0n
City BYCLEUp # S	12.a. Nature of interest held or income received.	Established Assessment
State ZIP Code + 4 Line U	CHEISTANDS PARTY	
	12.b. Amount.	140.78
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	7-4
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	Contraction of the second contraction of the
(including flade frame, if any).		
Trade Name, if any:		
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B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name ARNOLD AND KADJAW  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street ACKSON BLUP  City Cit Cas o  State ZIP Code + 4 (20/204-39-58)	9. Business deals with:  a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name CERRED PRESSUES UNION LOCALANDO SON  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street TER S 2041 ANC  City BELLEUROD  State ZIP Code + 4 Latery	11.a. Nature of such dealing.  UNION ATTRIENCY  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  CASE OF HOLDAY SPIRES
C. Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money	or other thing of value.
I 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, If any:	

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

or Consultant

Name of Person Filing DONALD W MOSE S	File Number U	<b>]-</b>
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business clively seeking to represent, or indirectly to, or otherwise	
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City Olithijos	12.a. Nature of interest held or income received.	To deliver this trainment of the land was such about the restored of representations of the second of the second
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